


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90028 019 \*\*\*\*61.25

<b>DOCUMENT # N04000003928</b> 1. Entity Name <b>COUNTRY CLUB CONDOMINIUM III AT EAST BAY ASSOCIATION, INC.</b>					
Principal Place of Business <b>6301 SHORELINE DR - ST PETERSBURG, FL 33708</b>			Mailing Address <b>405 E BAY DR SUITE 205 CLEARWATER, FL 33764</b>		
2. Principal Place of Business - No P.O. Box # <b>1200 Country Club DR</b>		3. Mailing Address <b>4175 W. Bay DR.</b>			
Suite, Apt. #, etc. <b># 7101</b>		Suite, Apt. #, etc. <b>205</b>			
City & State <b>Largo, FL</b>		City & State <b>CLEARWATER FL</b>			
Zip <b>33771</b>		Country <b>US</b>		4. FEI Number <b>20-1133087</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		04062007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>HILDEBRANDT, HAL C/O CNC INC 4175 E BAY DR #205 CLEARWATER, FL 33764</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WISE, A. JAMES 1200 COUNTRY CLUB DR #3303 LARGO, FL 33771			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KUGBLER, SCOTT 1200 CTRY CLUB DR 3201 LARGO, FL 33771			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MITCHELL, SANDRA 1200 CTRY CLUB DR 3304 LARGO, FL 33771			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Sandra Korn</i>				4/9/07 727-581-7910	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	